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NEVADA OPERATIONS OFFICE  
U.S. DEPARTMENT OF ENERGY

MARSHALL ISLANDS PROGRAM PLAN

FY 1985-1989

MARSHALL ISLANDS PLANNING GROUP

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RATIONALE, OBJECTIVES, AND ASSUMPTIONS

FY 1985 - 1989

## MARSHALL ISLANDS PROGRAM PLAN

U.S. DEPARTMENT OF ENERGY

NEVADA OPERATIONS OFFICE

This plan examines the current Marshall Islands program and the transition from what is expected in the post-trusteeship era. It recognizes the mutual interests of the two governments as well as the unilateral responsibilities and interests of each. Because it has been developed while the political process related to future status has been ongoing and before any sanction of the Compact by the U.S. Congress, the plan has been drafted without consultation with government authorities of the Republic of the Marshall Islands.

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access to the necessary technical resources to carry out these responsibilities, provision is made and funds will ultimately be taken over by the Republic of the Marshall Islands (RMI). To assure that the RMI has expected that most of the functions and responsibilities now incorporated in NV's Marshall Islands programs under the provisions of the Section 177 Agreement subsidiary to the Compact of Free Association, it is

expected that most of the functions and responsibilities now incorporated in NV's Marshall Islands programs will ultimately be taken over by the Republic of the Marshall Islands (RMI). To assure that the RMI has

access to the necessary technical resources to carry out these responsibilities, provision is made and funds

are earmarked to permit the RMI to "buy back" from the United States the requisite technical assistance.

- The planners' objective has been, within the scope of the consequences of past nuclear testing, to formulate a multiyear plan which (1) assures the continued discharge of U.S. obligations to the people of the Marshall Islands, (2) assists the government of the Republic of the Marshall Islands in the discharge of its responsibilities, (3) provides for the continuation or orderly phasingout of each program element, the primary justification for which is either (a) the advancement of science, (b) general benefit to mankind, or (c) a U.S. Government unilateral interest.
- The Plan contains details of the four basic program elements which are: Medical; Environmental Research, Monitoring, and Dose Projections; Radiation Safety; and Logistic Support. There are, however, some general assumptions and concerns that should be set forth at the outset:
1. Funding for DOE activities during the period covered by this Plan will come from three sources:
    - a. The Republic of the Marshall Islands, under the provisions of the Section 177 Agreement.
    - b. DOE/DP continued funding of U.S. obligations.
    - c. Other U.S. Government agencies (including other DOE elements).
  2. Considering the processes leading to Congressional approval and other prerequisites to final adoption, it is unlikely that the Com pact of Free Association will have an effective date earlier than January 1985. Subsequent to that effective date, some time must elapse before the trust will produce "buy-back" funds. It must therefore be expected that the entire FY 1985 program will be DOE funded. The Plan as written assumes Congressional approval during the current session. Should this not occur, it is expected that FY 1985 program and funding, with some modifications, will be continued into FY 1986.

3. The stability of the ongoing program after the effective date of the Compact will require special arrangements to assure continuity of funding. The earmarked "buy-back" funds must not fall victim to intergovernmental and interagency transfer delay, etc. Ideally these funds should flow directly from the trustee to the U.S. Government performing agency (in this case, DOE).

## **III. THE PLAN**

### **A. Medical**

Although the Compact, specifically reinforced by the Section 177 Agreement, recognizes that the Marshall Islands Government has the responsibility for an integrated, comprehensive, and universal health care program for its citizens, we believe the 178 remaining persons who were exposed as a result of BRAVO in 1954 are entitled to special lifetime medical care provided by the U.S. We are led to this conclusion by the fact that the U.S. has accepted health care responsibility for this group since that time, and that responsibility was affirmed by P.L. 95-134, P.L. 96-205 and the continuing interest of the Interior Subcommittee on Public Lands and National Parks, and other committees of Congress, in having the essential parts of that law implemented also supported this conclusion.

While the Marshall Islands Government health care system may some day be able to provide the diagnostic services and care required by this unique group of people, we have not assumed any early advent of such capability. The requisite care could be provided by an insurance policy or by a form of reimbursement, direct payment, or both, to a health care facility or the RMI Government. The continued close monitoring of this group could also provide information which could be useful in other areas of U.S. Government interest.

The "pediatrics" survey and examinations of "control populations" might be programs the RMI wishes DOE to continue, but in the absence of clinical indications for continuation, they are not recommended for

environmental and dose assessment information, is in the U.S. interest. resettlement decisions. The continuation of the Data Bank, which is the repository for all pertinent Ennewetak and Bikini should be continued as part of a long-standing U.S. commitment to support future the subject is under study with funds provided to DOI by the Congress. Dose projections for commitment, which would undoubtedly require DOE support, has not been included in this plan because assistance by RMI or be left by default to some other non-federal entity. A Bikini resettlement and the U.S. Congress. This is an effort which should not compete with other requests for technical dose assessment on which to base a resettlement funding decision by the Department of the Interior and analysis effort for at least the next several years in order to have the best possible prospective and Ejebdi in the northern part of Ennewetak. The U.S. has an important interest in continuing a sampling some future date. There also is the likelihood of a strong effort by the Ennewetak people to resettle The Section 177 Agreement commits the U.S. to provide funds for the resettlement of Bikini Atoll at

B. Environmental Research, Monitoring, and Dose Projections

of these observations do not indicate a need for specialized health surveillance or care. The Bikinians who lived on Bikini during the 1970's have been observed medically since 1978. Results discussions with the RMI would be appropriate. DP funding after FY 1985. If any other U.S. agency is sufficiently interested to sponsor them,

The program which will be recommended to RMI as part of their technical assistance "buy back" will include general dose projections for Enewetak as the northern islands' trees bear food, and other sampling and analysis efforts. Another recommendation to RMI includes funding remedial studies, including investigations now under way of impeding the radionuclide uptake into plants, which if successful, could reduce dose and impact future living patterns. As a component of the remedial studies, it will be proposed that the RMI participate in the funding of continuing studies of cycling and transport of radionuclides.

C. Radiation Safety

Through 1989 we have a direct interest in improving our understanding of plutonium uptake and retention, primarily through urine studies. This work could be significant in evaluation of potential resettlement of Bikini Atoll and Enjebi Island (Enewetak). It will entail about two missions per year after FY 1985. Involved are Rongelap residents and 1970's residents of Bikini.

Although the acquisition of a whole body counter is provided for under Article II of the Section 177 Agreement, we believe that this would not be cost effective under the current circumstances. We would therefore not recommend that the RMI exercise this option at this time, and in this plan we have not reserved funds for it.

A comprehensive radiation safety program similar to that which has been conducted for Enewetak, Rongelap, Utirik and for the Bikinians will be recommended to the RMI Government for resettled areas where it is considered appropriate.

D. Logistical Support

To support the programs of direct U.S. interest over the next five years and to support technical assistance requested by RMI, a dedicated vessel under DOE control is an absolute necessity. Unreliable aircraft and aircraft schedules, the lack of basic facilities at remote sites, and the flexibility and versatility of a ship and trained crew provide sound justification for ship retention.

E. Funding

The planning group observes that, to be effective, the technical assistance provided to the RMI must be part of an integrated program representing both mutual and unilateral government interests. This program will require full time capabilities at the participating laboratories with the associated personnel, equipment, logistics, overhead and related costs. The group believes that RMI "buy back" funding should include an appropriate share of the cost of maintaining the technical and support capabilities.

F. Post FY 1989

As previously stated, the plan recognizes transition responsibilities along with both separate and mutual U.S. and RMI interests. The five year plan will be updated annually with a careful analysis

of program element needs and interests. It is expected that the program effort will decrease in the environmental/dose assessment area as current programs are completed.

III. PROGRAM ELEMENTS AND RESPONSIBILITY

MEDICAL PROGRAM

FY 1985

A. Items of U.S. Interest Which Are Recommended for Continued DOE/DP Funding.

1. Health care and related costs for illnesses of exposed population.
2. Two ship supported missions; one to examine exposed population, and a final "pediatrics" mission.

Contemplates ending the Kwajalein based Resident Physician function in FY 1985; includes computerization of records for clinical reasons and only for the exposed persons; does not include DOE/DP funding for examination/diagnostics, referrals or treatment of a control population; does not include examination of Bikinians beyond FY 1985 "pediatrics" mission.

B. Technical Assistance Program Which May Be Provided to RMI in Addition to Above Suggested DOE/DP Funded Plan.

Contingent upon a U.S. supported program as outlined in "A" above, recommend that RMI, as part of its general health care responsibility, accompany and support U.S. medical missions to Rongelap and Utirik.

C. Programs Which May Have General Scientific Interest Which Might Be Funded From Other Than RMI or DOE/DP Sources.

1. Medical observation of non-exposed population for purpose of contributing to understanding of health effects of chronic exposure to low levels of radiation.
2. Medical observation of offspring of exposed population.

HEALTH PROTECTION - ENVIRONMENTAL RESEARCH, MONITORING, AND DOSE PROJECTIONS

FY 1985      FY 1986 - 1989

A. Items of U.S. Interest Which Are Recommended for Continued DOE/DP Funding.

1. Collection and analysis of samples from Bikini and Enewetak.
  1. Collection and analysis of samples as required for Bikini and Enewetak Atoll resettlement.
  2. Cycling/transport/remedial studies.
  3. Data Bank.
  4. Dose projections for Bikini and Enewetak to support resettlement planning for Bikini Atoll or Enjebi.
  5. Surveillance of Cactus Crater at Enewetak.
2. Data Bank.
3. Surveillance of Cactus Crater at Enewetak.

B. Technical Assistance Program Which May Be Provided to RMI in Addition to Above Suggested DOE/DP Funded Plan.

Not known at this time.

1. Assessments and analysis which may be requested by RMI in addition to A.1. FY 1986-1989 above.
2. Dose projection updates.
3. Continuation of remedial studies/cycling and transport of radionuclides.

C. Programs Which May Have General Scientific Interest Which Might Be Funded From Other Than RMI or DOE/DP Sources.

Not known at this time.

Not known at this time.

Although the above delineates separate program elements for both the U.S. and RMI in FY 1986-1989, it is expected that these elements will be integrated into a single, coherent program for execution (See II.E., above, and IV., below).

- A. Items of U.S. Interest Which Are Recommended for Continued DOE/DP Funding.
1. Biassay-Rongelap and Ennewetak. (1970's) residents.
  1. Plutonium studies of Rongelap and Bikini (1970's) residents.
- B. Technical Assistance Program Which May Be Provided to RMI in Addition to Above Suggested DOE/DP Funded Plan.
1. Not known at this time.
1. Annual whole body counting at Ennewetak and complete biassay program for Ennewetak and Bikini if a Bikini resettlement occurs or if Engebi is resettled.

FY 1985

RADIOLOGICAL SAFETY PROGRAM

FY 1986 - 1989

LOGISTICAL SUPPORT

FY 1985

1. Dedicated ship with crew.

2. Representation at Majuro and Kwajalein.

(Note: Some share of vessel costs will of necessity be borne by RMI depending on level of technical assistance provided to them.)

FY 1986 - 1989

1. Dedicated ship with crew.

2. Representation at Majuro and Kwajalein.

The Planning Group believes that the focus of the technical assistance requested by RMI should be to an integrated total program which represents a partnership of interests, and can be funded out of the Compact. Monies earmarked for that purpose under the Section 177 Agreement of the Compact.

Adjustments among program components may be expected in the out years.

The above estimates are considered to be a realistic and representative cost distribution plan.

|  | (FISCAL YEAR)                      |    |    |    |    |               |    |               |    |    | RMI FUNDED |     |     | USD/C DP FUNDED |     |     | OTHER FUNDED |     |     |
|--|------------------------------------|----|----|----|----|---------------|----|---------------|----|----|------------|-----|-----|-----------------|-----|-----|--------------|-----|-----|
|  |                                    |    |    |    |    |               |    |               |    |    |            |     |     |                 |     |     |              |     |     |
| 1. Medical   | 85                                 | 86 | 87 | 88 | 89 | 85            | 86 | 87            | 88 | 89 | 85         | 86  | 87  | 88              | 89  | 85  | 86           | 87  | 88  |
| 2. Env. Research,<br>Monitoring, and<br>Dose Projections | 1.6                                | .7 | .7 | .7 | .7 | -0-           | .9 | .9            | .9 | .9 | -0-        | -0- | -0- | -0-             | -0- | -0- | -0-          | -0- | -0- |
| 3. Radiation<br>Safety                                   | .6                                 | .3 | .3 | .3 | .3 | -0-           | .3 | .3            | .3 | .3 | -0-        | -0- | -0- | -0-             | -0- | -0- | -0-          | -0- | -0- |
| 4. Logistical<br>Support                                 | 1.3                                | .8 | .8 | .8 | .8 | -0-           | .4 | .4            | .4 | .4 | -0-        | .1  | .1  | .1              | .1  | .1  | .1           | .1  | .1  |
| Total Program  | FY 1985 (excluding "Other Funded") |    |    |    |    | \$4.7 million |    | \$4.5 million |    |    | 4.7        |     | 2.8 |                 | 4.0 |     | 1.7          |     |     |

Note: (\$000) FY 1985 Constant \$ (Estimate)

#### IV. PLAN FUNDING SUMMARY